



Arizona Peace Officer Standards and Training Board



MEDICAL EXAMINATION REPORT

INSTRUCTIONS TO THE EXAMINING PHYSICIAN: The person being examined is an applicant for the position of peace officer within the state of Arizona. Peace officers are required to perform a variety of strenuous and difficult job functions, including those described in the job description for entry level peace officer available from the Agency where application is being made. The purpose of this examination is to determine if the applicant is able to safely perform these essential job functions. Applicants may be required to attend a police academy where both physical and mental stress are encountered. Please use the "Medical History Form" provided by the applicant in conjunction with the medical examination as a basis for completing this report. Minimum medical guidelines for Arizona peace officers are specified in Arizona Administrative Code R13-4-107 and in the AZ POST Medical Screening Manual.

PART I. APPLICANT'S INFORMATION (Please type or print)

1. NAME (First- Middle-Last): _____ 2. BIRTH DATE (Month-Day-Year): _____
3. Social Security Number: _____ 4. Weight (without coat or shoes): _____ 5. Height (without shoes): _____
6. Sex: Male: _____ Female: _____ 7. Hiring Agency: _____

PART II. VISION AND HEARING

8. VISUAL ACUITY

DISTANCE

Uncorrected: R20/ _____ L20/ _____ B20/ _____

Corrected: R20/ _____ L20/ _____ B20/ _____

NEAR VISION

Uncorrected: R20/ _____ L20/ _____ B20/ _____

Corrected: R20/ _____ L20/ _____ B20/ _____

9. HORIZONTAL FIELD OF VISION

Right: _____ Left: _____ Both: _____

Check if Present:

Scotoma: _____

Quadrantonopia (large blind spot): _____

10. COLOR PERCEPTION

(NOTE ANY DEFICIENCIES)

Red: _____ Green: _____

Yellow: _____ Color Plates: _____

11. CORRECTION

None: _____ Spectacles: _____

Hard Contact Lenses: _____

Soft Contact Lenses: _____

Required if uncorrected vision is 20/80 or more.

12. HEARING (Audiometer must be used):

500HZ 1000HZ 2000HZ 3000HZ

dbL _____

dbR _____

Hearing aid used? _____ Note any abnormalities in Comments - Section VII

PART III. CONTAGIOUS DISEASES

13. Does the applicant have contagious hepatitis? YES _____ NO _____ 14. Does the applicant have contagious tuberculosis? YES _____ NO _____

PART IV. CONDITIONS IN AZ POST MEDICAL CATEGORY II

15. Based upon your examination and review of the applicant's Medical History Questionnaire, please check any of the listed conditions that apply:

Angina pectoris	Diabetes, insulin, dependent or ketosis-prone	Paralysis	Substance abuse
Asthma		Pilonidal cyst	Valvular heart disease (uncorrected)
Cancer - metastatic or leukemia	Fixation of major joint	Prosthetic device, (e.g. limbs, hearing aid, colostomy)	
Cardiac arrhythmias or murmurs	Herniated lumbar disc	Recurrent dislocation of major joint	Wasting disease, chronic, (e.g. multiple sclerosis, myasthenia gravis, amyotrophic lateral sclerosis)
Cerebral vascular accident	Hypertension, uncontrolled	Schizophrenia, manic depressive, psychosis	
Chest pains of unknown origin	Inguinal hernia		
Chronic respiratory disease	Liver or renal dysfunction	Scoliosis greater than 15 degrees	
Contagious disease not covered in Part III	Migraine headache		
	Myocardial infarction history	Seizure disorders	Any other physical or mental condition that may interfere with the applicant's ability to effectively function as a peace officer on a continuing basis or may create a reasonable probability of substantial harm to the applicant or others.
	Neurosis		

PART V. ADDITIONAL INFORMATION**16. MEDICAL CONDITIONS (From Sections III and IV):**

Please describe, in layman's terms, the common characteristics of any condition(s) checked on the reverse side of this form.

17. SYMPTOMS: Please describe the specific symptoms of the condition(s) checked on the reverse side.**18. EFFECTS OF SYMPTOMS: Please indicate how the symptoms in #17 affect the applicant's ability to perform the duties of a peace officer.****19. TREATMENT: Please describe the type and duration of any treatment indicated.****20. PROGRESSIVE NATURE OF CONDITION(S): Are any of the condition(s) stated in #16 progressive in nature?**

YES _____ NO _____

PART VI. CERTIFICATION: Important - Physician Please Read Carefully (Physician's Assistant certification not accepted)

21. I certify that I have examined the applicant whose name appears on the reverse of this form and that I am a licensed physician in the United States of America. I further certify that based upon the applicant's history (which I have reviewed) and my physical examination, the applicant:

- a. Is capable of performing the duties of a peace officer without accommodations.
- b. Is capable of performing the duties of a peace officer with the following accommodations (list in comments section below):
- c. Has a condition which requires further evaluation by a specialist in the field of: _____
- d. Is not capable of performing the duties of a peace officer.

PHYSICIAN'S NAME AND ADDRESS (type or print):

PHYSICIAN'S SIGNATURE:

Date:

AZ POST Certificate No:

Medical Occupational Specialist: G

PART VII. COMMENTS**PART VIII. MEDICAL INFORMATION RELEASE (To Be Completed By Applicant)**

I hereby authorize the examining physician whose signature appears on this form to release all information concerning my medical condition and history to the listed hiring agency and AZ POST staff. I also certify that I have provided the examining physician with full, complete and accurate medical history.

APPLICANT'S SIGNATURE:

DATE: